

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036704

FILED
Mar 24, 2005
Secretary of State

Entity Name: GLEN'S AUTO REPAIR CENTER, INC.

Current Principal Place of Business:

3067 N.W. 26TH STREET
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

3067 N.W. 26TH STREET
FT. LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-0667957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, CARL
7030 NW 22ND STREET
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COLEMAN, ANGELLA
Address: 3067 N.W. 26TH ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: P () Delete
Name: COLEMAN, GLENROY
Address: 4751 NW FIRST ST
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: COLEMAN, ANGELLA
Address: 4751 NW 1ST STREET
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENROY A COLEMAN

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03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date